	<039>	<035>	<030>		<015>	<010>	(710) Bro Data Coll
State	Contact Email Address - E	Contact Telephone Numb	Contact Name - Person Ut	Program Year	Study Area Name	Study Area Code	(710) Straubani Price Offerings Data Collection Journ
Exchange (ILEC)	Contact Email Address - Email Address of person identified in data line <0.30>	Contact Telephone Number - Number of person identified in data line <030>	Contact Name - Person USAC should contact regarding this data				e e
Residential Rate WORK		1		2014	COX	379001	1995 1 119
state Regulated Fees Fees See attached worksheet	jay.bradbury@cox.com	404-269-9190	Jay Bradbury	4	COX NEBRASKA TELCOM I	001	
Total Rate and Fees	com				II, L.L.C.		
Broadband Service - Download Speed (Mbps)							
Broadband Service - Usage Allow Upload Speed (Mbps) (GB)							FGC Form 481, OMB(Gentral No. July 2013
Usage Allowance (GB)							1481 110 No. 3060-0986//
Usage Allowance Action Taken When Limit Reached (select)							ECCTOTIF 451 OMECONTO NO 3050-1988/OWE CANTO NO 3050/0815 UN 2013
	est						5180

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	Coo diagonari morkologi	- CO	**************************************	
Doing Business As Company or Brand Designation	SAC		Affiliates	
(ED)	≪32>		<-11>	<813>
			Ompany Cox Nebraska Telcom, LLC	<812> Operating Company
				1
			arrier Cox Nebraska Telcom, LLC	<810> Reporting Carrier
	com.com	ne <030> jay.bradbury@c	Contact Email Address - Email Address of person identified in data line <030> jay.bradbury@cox.com	<039> Contact Em
		e <030> 404-269-9190	Contact Telephone Number - Number of person identified in data line <030> 404-269-9190	<035> Contact Tele
		Jay Bradbury	Contact Name - Person USAC should contact regarding this data	<030> Contact Nar
		2014	ar	<020> Program Year
	OM II, L.L.C.	COX NEBRASKA TELCOM II, L.L.C.	Name	<015> Study Area Name
		379001	Code	<010> Study Area Code
Fee-form 481. OMB Controllino - 3060-0986 /OMB Controllino - 3060-0849 - July 2013			panies	(800) Operating Companies Data Collection Form

<926>	<925>	<924>	<923>	<922>	<921>				<920>	<910>	<039>	<035>	630≻	<020>	<015>	<010>	Data Coll	
Compliance with Facilities Siting rules	Compliance with Land Use permitting requirements	Compliance with Rights of way processes	Marketing services in a culturally sensitive manner;	Feasibility and sustainability planning;	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;		each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:	If your company serves Tribal lands please solest (Ves No. NA) for	Tribal Government Engagement Obligation	Tribal Land(s) on which ETC Serves	Contact Email Address - Email Address of person identified in data line <030> jay.bradbury@cox.com	Contact Telephone Number - Number of person identified in data line <030>	Contact Name - Person USAC should contact regarding this data	Program Year	Study Area Name	Study Area Code	(900) in Japan, Laind's Keporting Data (Collection Form	
						Select (Yes,No, NA)			Name of Attached Document (.pdf)		<030> jay.bradbury@cox.com	<030> 404-269-9190	Jay Bradbury	2014	COX NEBRASKA TELCOM II, L.L.C.	379001	FCCForm 481 DMB Controllino, 3060-0985/QMB Controllino, 3060-0819 July 2013	

<927>

Compliance with Environmental Review processes
Compliance with Cultural Preservation review processes
Compliance with Tribal Business and Licensing requirements.

<1130>	<1120>	<039>	<035>	<030>	<020>	<015>	<010>	(1100) N Data Coll
Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	Contact Email Address - Email Address of person identified in data line <030>	Contact Telephone Number - Number of person identified in data line <030>	Contact Name - Person USAC should contact regarding this data	Program Year	Study Area Name	Study Area Code	(1.100) No Terrestrial Backhaul Reporting Data Collection Form
		jay.bradbury@cox.com	404-269-9190	Jay Bradbury	2014	COX NEBRASKA TELCOM II, L.L.C.	379001	ECC Form 481 OMB Control No. 3060-0385/OMB control No. 3060-0819 IUIV 2013

<039>	<035>	<030>	<020>	<015>	<010>	(1200) To Lifeline Data Coll
<039> Contact Email Address - Email Address of person identified in data line <030> jay.bradbury@cox.com	<035> Contact Telephone Number - Number of person identified in data line <030>	<030> Contact Name - Person USAC should contact regarding this data	<020> Program Year	<015> Study Area Name	<010> Study Area Code	1200) Terms and Condition for Lifeliae Customers Ifeline Data Collection Form
jay.bradbury@cox.com	404-269-9190	Jay Bradbury	2014	COX NEBRASKA TELCOM II, L.L.C.	379001	FEC Form 481 OMB Control No. 3050-0985/OMB Control No. 3050-0819 July 2013

^1 2	10>	<1210> Terms & Conditions of Voice Telephony Lifeline Plans	
			Name of attached document (.pdf)
^12	<1220>	Link to Public Website	HTTP http://ww2.cox.com/residential/omaha/phone/lifeline.cox
	(a (B G G)	"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:	
6	<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
Ą	<1222>	Details on the number of minutes provided as part of the plan,	
<u>^</u>	73>	<1273> Additional charges for toll calls, and rates for each such plan.	

	Name of Attached Document Listing Required Information		<2021>
	to broadband	of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	
	2021,		<2020>
1		8> Sth year Broadband Service Certification 9> Interim Progress Certification	<2018>
			<2017>
		Connect America Phase II Reporting {47 CFR § 54,313(e)}	
			<2016>
		Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}	
			<2015>
			<2014>
			<2013>
	12(a)}	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Certification	<2012>
		<pre>0></pre>	<2010>
		increme	
t access charge reductions, and Connect America Phase II below is accurate.	CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support to offset access charge reductions, and Connect America Phase II support to offset access charge reductions, and Connect America Phase II support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support, High Cost support to offset access charge reductions, and the High Cost support to offset access charge reductions, and the High Cost support to offset access charge reductions, and the High Cost support to offset access charge reductions, and the High Cost support to offset access charge reductions, and the High Cost support to offset access charge reductions, and the High Cost support to offset access charge reductions, and the High Cost support to offset access charge reductions and the High Cost support to offset access charge reductions, and the High Cost support to offset access charge reductions.	K the boxes below to note compliance as a recipient of incremental Conne support as set forth in 47 CFR § 54.313(b),	CHECK
	<pre>c030> jay.bradbury@cox.com</pre>		<039>
	030> 404-269-9190		<035>
	Jay Bradbury		<030>
	2014	l	<020>
	COX NEBRASKA TELCOM II, L.L.C.	> Study Area Name	<015>
	379001	> Study Area Code	<010>
July 2018	ners	ng Bate of Return Same waffliate I with Ence Capillaco (Exchauge Carners	Tale (Maller
GMB (controlling, 3080-0886/0MB Controlling, 308		Data Collection Form	Data Co
		(2000) Price Cap Carrier Additional Documentation	(2000)

(3026)	(3025)	(3024)			(3022)		(3021)	(3020)	(3019)		(3017) (3018)	(3016)	(3015)	(3012) (3013) (3014)	(3011)	(3010)	CHECK th	9	<650>	<035>	630>	<020>		•	Data Colli	THURST KA
Attach the worksheet listing required information	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	Underlying information subjected to an officer certification.	public accountant	Borrowers, Underlying information subjected to a review by an independent contiled	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:	Management letter issued by the independent certified public accountant that performed the company's financial audit.	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	Ether a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation if the response is no on line 3014, is your company audited?	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	Community Anchor institutions (47 CFR § 54.313(f)[1][ii]] Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)[2]) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:	contains the required information pursuant to § 54.313 (f)[1](ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF , on line 3012,	CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.202(a)) and for privately held carriers, ensuring compliance with the financial reporting requirements set for the formation reported on this form and in the documents at a carriers and a carriers are carriers.	AND THE PROPERTY OF THE PROPER	Contact Email Address - Email Address of person identified in data line <030>	Contact Telephone Number - Number of person identified in data line <030>	Contact Name - Person USAC should contact regarding this data Jay			Study Area Code 379001	ant Collection Form	The Mark Control of the Augustian Designation
Name of Attached Document Listing Required Information											Name of Attached Document Listing Required Information			Name of Attached Document Listing Required Information		Name of Attached Document Listing Required Information	I its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the f CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.	300 I	jay.bradbury@cox.com	1	y Bradbury		COX NEBRASKA TELCOM II, L.L.C.			
											[Yes/No]			(Yes/No)			; compliance with the financial reporting requirements set forth in 47 hed below is accurate.						Value of the state		INCLERMINES WHIE CONTINUES SERVINGSCOME CONTROL NO. 3860-0815 LOT 2015	

	tion: Reporting Carri lection Form	er
<010>	Study Area Code	379001
<015>	Study Area Name	COX NEBRASKA TELCOM II, L.L.C.
<020>	Program Year	2014
<030>	Contact Name - Perso	on USAC should contact regarding this data
<035>	Contact Telephone N	umber - Number of person identified in data line <030> 404-269-9190
<039>	Contact Email Addres	s - Email Address of person identified in data line <030> jay.bradbury@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include recipients; and, to the best of my knowledge, the information reported on this	ensuring the accuracy of the annual form and in any attachments is acc	al reporting requirements for usurate.	miversal service support
Name of Reporting Carrier: COX NEBRASKA TELCOM II, L.L.C.			
Signature of Authorized Officer: CERTIFIED ONLINE			Date 10/07/2013
Printed name of Authorized Officer: Joiava Philpott			
Title or position of Authorized Officer: Vice President Regulatory Affa	irs		
Telephone number of Authorized Officer: 404-269-0983			
Study Area Code of Reporting Carrier: 379001	Filing Due Date for this form:	10/15/2013	

	llon - Agant / Carner action Form	FEO F6/m/4812 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	379001
<015>	Study Area Name	COX NEBRASKA TELCOM II, L.L.C.
<020>	Program Year	2014
<030>	Contact Name - Person USAC sl	nould contact regarding this data Jay Bradbury
<035>	Contact Telephone Number - N	umber of person identified in data line <030> 404-269-9190
<039>	Contact Email Address - Email A	uddress of person identified in data line <030> jay.bradbury@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)_ also certify that I am an officer of the reporting carrier; agent; and, to the best of my knowledge, the reports an	is authorized to submit the information reported on behalf of the reporting carrier. responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized lata provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annua	l Reports for CAF or LI Recipients on Behalf of Reporting Carrier
i, as agent for the reporting carrier, certify that I am authorized to submit the annual I the data reported herein based on data provided by the reporting carrier; and, to the	eports for universal service support recipients on behalf of the reporting carrier; I have provided best of my knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier: Filing I	Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfe	iture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title ted States Code, 18 U.S.C. § 1001.

Attachments

Cox Nevada Telcom, LLC

	n 481 - Carrier Annual Reporting Histon Form		PCC Portu 463 Cileb Pisco Cisco Cileb Rose Cisco Cisco Cileb Rose Cisco Cileb Rose Cisco Ci
<010>	Study Area Code 559017	·	
<015>	Study Area Name Cox Nevada Telcom, LL	<u>C</u>	
<020>	Program Year 2014		
<030>	Contact Name: Person USAC should contact with questions about this data	Jay M. Bradbury	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	404-269-9190	
<039>	Contact Email: Email of the person identified in data line <030>	jay.bradbury@cox.com	
ANNUA	LREPORTING FOR ALL CARRIERS		54.313 54.422 Completion Completion Required Required
<100>	Service Quality Improvement Reporting	(complete attached worksheet)	(check bax when complete)
<200> <210>	Outage Reporting (voice) < check box if no out	(complete attached worksheet) ages to report	
<300>	Unfulfilled Service Requests (voice)		
<310>	Detail on Attempts (voice)	(attach descriptive document)	
<320> <330>	Unfulfilled Service Requests (broadband) Detail on Attempts (broadband)	(attoch descriptive document)	
<400>	Number of Complaints per 1,000 customers (voice)		
<410>	Fixed	4	
<420>	Mobile Number of Complaints per 1,000 customers (broadband)	ــا	annum a
<440>	Fixed	7	
<450>	Mobile]	
<500>	Service Quality Standards & Consumer Protection Rules C	compliance (check to indicate certification)	
<510>		(attached descriptive document)	
	Functionality in Emergency Situations	(check to indicate certification)	
<610> <700>	Company Price Offerings (voice)	(attached descriptive document)	
	Company Price Offerings (broadband)	(complete attached worksheet) (complete attached worksheet)	
	Operating Companies and Affiliates	(complete attached worksheet)	X
<900>	Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	
	Voice Services Rate Comparability	(check to indicate certification)	
<1010>	Terrestrial Backhaul (Y/N)?	(attach descriptive document)	
<1110>	tanesular backilari (1/14)r	(if not, check to indicate certification) (complete attached warksheet)	
	Terms and Condition for Lifeline Customers	(complete attached worksheet)	×
	Price Cap Carriers, Proceed to Price Cap Additional Docu Including Rate-of-Return Carriers affiliated with Price Cap		
<2000>		(check to indicate certification)	
<2005>		(complete ottoched worksheet)	
-3500	Rate of Return Carriers, Proceed to ROR Additional Doc		
<3000> <3005>		(check to indicate certification)	
-55057		(complete attached worksheet)	

(800) Operating Companies and Affiliates			
Jara Culternon rom			OMB Centrel No. 3060-0885. OMB Centrel No. 3060-0819 July 2013
<010> Study Area Code	559017		
	Cox Nevada Telcom, LLC		
	2014		
	Contact Name - Person USAC should contact regarding this data	Jay Bradbury	
ı	Contact Telephone Number - Number of person identified in data line <030>	404-269-9190	
	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com	
<810> Reporting Carrier	Cox Nevada Telcom, IIC		
<811> Holding Company	Cox Communications, Inc		
<812> Operating Company			
<813>			
	Affiliates	SAC	Doing Business As Company or Brand Designation

<1223> /	<1222>	<1221>		<1220>	<1210>	<039>	63 \$	ıı	620°	1	(1200):Ter Ufeline Data Colle
Additional charges for toll calls, and rates for each such plan.	Details on the number of minutes provided as part of the plan,	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:	Link to Public Website	Terms & Conditions of Voice Telephony Lifeline Plans	Contact Email Address - Email Address of person identified in data line <030>	Contact Telephone Number - Number of person identified in data line <030>	Contact Name - Person USAC should contact regarding this data Jay M. Bradbury	Program Year 2014	Study Area Code 559017	(1200) Terms and Condition for Lifeline Qustomers Lifeline Data Collection Form
i×	×	i×	for	НТТР	Cox Lif	a line <030>	line <030>	ay M. Bradbury			
					Cox Lifeline Service Name of attached document (.pdf)	jay.bradbury@bellsouth.net	404-269-9190				
											FCC Form 481 OMB Control No. 3060-0985 OMB Control No. 3060-0819 July 2013

Cox Lifeline Service

Arizona Nevada Virginia

Cox has not yet launched its Lifeline Service in these three states. When it does the information provided to customers will include:

Information describing:

The terms and conditions of any voice telephony service plans offered to Lifeline subscribers.

Details on the number of minutes provided as part of the plan.

Additional charges for toll calls, and rates for each such plan.

The information will be similar to that which can be found currently at the following website:

http://ww2.cox.com/residential/gulfcoast/phone.cox

<010>	Study Area Code	559017	
<015>	Study Area Name	Cox Nevada Telcom, LLC	
<020>	Program Year	2014	
<030>	Contact Name - Per	ton USAC should contact regarding this data Jay A	A. Bradbury
<035>	Contact Telephone	Number - Number of person identified in data line <030>	404-269-9190
<039>		ss - Email Address of person identified in data line <030>	iay.bradbury@sox.com
O BE CO	OMPLETED BY THE	REPORTING CARRIER, IF THE REPORTING CARRIE	R IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Cox Nevada Telcom, LLC

Signature of Authorized Officer: John A. Philippy

Printed name of Authorized Officer: John A. Philippy

Title or position of Authorized Officer: Vice President Regulatory Affairs

Telephone number of Authorized Officer: 494-259-0983

Study Area Code of Reporting Carrier: 559017 Filing Due Date for this form: 10/15/2013

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Cox Oklahoma Telcom, LLC

Processor (1997)	rm 481 - Carrier Annual Reporting ollection Form	FCC Form 481 OMB Control No. July 2013	3060 0986/OMB Control No. 3060-0919
<010>	Study Area Code	439003	
<015>	Study Area Name	COX OKLAHOMA TELCOM, LLC DBA COX BUSINESS SERVICES	
<020>	Program Year	2014	
<030>	Contact Name: Person USAC should contact with questions about this data	Jay Bradbury	
<035>	Contact Telephone Number: Number of the person identified in data line <030:	404-269-9109	
<039>	Contact Email Address: Email of the person identified in data line <030>	jay.bradbury@cox.com	
ANNU/	AL REPORTING FOR ALL CARRIERS		54.313 54.422 Completion Completion Required Required
<100>	Service Quality Improvement Reporting	(complete attached worksheet)	(check box when complete) √
<200> <210>	Outage Reporting (voice)	(complete attached worksheet) no outages to report	✓
<300> <310> <320> <330>	Unfulfilled Service Requests (voice) Detail on Attempts (voice) Unfulfilled Service Requests (broadband) Detail on Attempts (broadband)	90030k310 (attach descriptive document)	<i>y y y y y y y y y y</i>
<400> <410> <420> <430> <440> <440> <440>	Number of Complaints per 1,000 customers (voice) Fixed Mobile Number of Complaints per 1,000 customers (broad Fixed Mobile		
<1000> <1010> <1100> <1110>	Service Quality Standards & Consumer Protection F 439003ok510 Functionality in Emergency Situations 439003ok610 Company Price Offerings (voice) Company Price Offerings (broadband) Operating Companies and Affiliates Tribal Land Offerings (Y/N)? Voice Services Rate Comparability Terrestrial Backhaul (Y/N)? Terms and Condition for Lifeline Customers	Rules Compliance (check to indicate certification) (attached descriptive document) (check to indicate certification) (attached descriptive document) (complete attached worksheet) (complete attached worksheet) (if yes, complete attached worksheet) (check to indicate certification) (attach descriptive document) (if not, check to indicate certification) (complete attached worksheet) (complete attached worksheet)	
<2000> <2005>	Price Cap Carriers, Proceed to <u>Price Cap Additional</u> Including Rate-of-Return Carriers affiliated with Price Rate of Return Carriers, Proceed to <u>ROR Additional</u>	te Cap Local Exchange Carriers (check to indicate certification) (complete attached worksheet)	
<3005>		(complete attached worksheet)	

REDACTED FOR PUBLIC INSPECTION

4113> 4114> 4115> 4116> 4117>		<112>	<111>	<110>	<039>	<035>	\$030 >	<020>	<015>	<010>	(100) Se Data Col
Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How (USF) was used to improve service quality How (USF) was used to improve service coverage How (USF) was used to improve service capacity Provide an explanation of network improvement targets not met in the prior calendar year.	Name of Attached Document (.pdf) 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.	54.202(a) "5	Has your company received its ETC certification from the FCC? (yes / no)	Contact Email Address - Email Address of person identified in data line <030> jay.bradbury@cox.com	ta line <030:	Person USAC should contact regarding this data		Study Area Name COX OKLAHOWA TELCOM, LLC DBA COX BUSINESS SERVICES	Study Area Code 439003	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

10/07/2013

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	<010>	Study Area Code	ode .				439003						٠
Contact Name	1	Study Area Na	ame				COX OKLAHOMA TEL	COM, LLC DBA COX BU	SINESS SERVICES				
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											State Universal Service Fee	28620303							NESS SERVICES		
											Mandatory Extended Area Service Charge	<555>									FCC Eprin 481 QMB Control No. 3060-0985/QMB Control No. 3060-0819 July 2013
											Total per line Rates and Fee	⟨c⟩									VIB Control No. 3060-0819

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<010> Study Area Code	439003
<015> Study Area Name	COX OKLAHOWA TELCOM, LLC DBA COX BUSINESS SERVICES
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035> Contact Telephone Number - Number of person identified in data line <030> 404-269-9109)3O> 404-269-9109
<039> Contact Email Address - Email Address of person identified in data line <030> jay.bradbury@cox.com	030> jay.bradbury@cox.com

State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	S	Usage Allowance (GB)
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		Cox Oklahoma Telcom, LLC	<810> Reporting Carrier Cox Okl.	Δ
	cox.com	Contact Email Address - Email Address of person identified in data line <030> jay.bradbury@cox.com	<039> Contact Email Address - Email Addr	
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		2014	<020> Program Year	Δ.
ESS SERVICES	COX OKLAHOMA TELCOM, LLC DBA COX BUSINESS SERVICES	сох октанома те	<015> Study Area Name	Δ
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CO39> Contact Email Address - Email Address of person identified in data line <030> jay.bradbury@cox.com	Contract Complete Annual Contract of Person Intellined III data line (030)	Contact Telephone Number - Number of person identified in data in	<030> Contact Name - Person USAC should contact regarding this data	<uzu> Program Year</uzu>		<015> Study Area Name	<010> Study Area Code		(900) Tribal Lands Reporting Data Collection Form
<030> jay.bradbury@cox.com	<03U> +14-203-4114		Jay Bradbury	2014	COA ORLAHOMA TELCOM, LLC DBA COX BUSINESS SERVICES		439003	an Jacob	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-081

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

<910> Tribal Land(s) on which ETC Serves

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921>	Needs assessment and deployment planning with a focus on Tribal
	community anchor institutions;
<922>	Feasibility and sustainability planning;
<923>	Marketing services in a culturally sensitive manner;
<924>	Compliance with Rights of way processes
<925>	Compliance with Land Use permitting requirements

<926> <927> <928>

Compliance with Facilities Siting rules

Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)

(1100) No	(1100) No Terrestrial Backhaul Reporting	Eff Form 181
Data Coll		ntrol No.
<010>	Study Area Code	439003
<015>	Study Area Name	COX OKLAHOWA TELCOW, LLC DBA COX BUSINESS SERVICES
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	404-269-9109
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	